

OFFICE USE ONLY

Licensing specialist: _____

Supervisor: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)**LARGE FAMILY CHILD CARE HOME
RELOCATION LICENSE APPLICATION****Please print
all responses.**

License expiration date: ____/____/____ License number: _____

SECTION A – Identification

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
(street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information (as applicable)

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. If there is no entity, check “individual” and skip the related information. For large family homes, the entity is usually an individual or an LLC.

Entity name: _____ Entity type: ☐ Individual ☐ Corporation
☐ Limited liability company (LLC)

Doing business as/facility name: _____

Entity address: _____
(street) (city) (state) (zip)

1. If the entity is an LLC, provide the LLC agreement and list on a separate sheet of paper a name, address, and phone number for each member and for the designated managing member. ☐ submitted ☐ not applicable
2. If the entity is a corporation, provide the articles and certificate of incorporation and a name, address, and phone number for each corporate officer and board member. ☐ submitted ☐ not applicable

SECTION B – Staff Member(s) and Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

**SECTION C – Household Member(s), if care will be provided in the applicant’s home
(other than the applicant, anyone living or staying in the home for any period of time)**

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender

SECTION D – Facility Information

Check all that apply, for the licensed address:

- ☐ Own commercial building/house/mobile home (circle type)
☐ Rent commercial building/house/mobile home (circle type)
☐ Rent apartment --- If facility is an apartment, it must be on the first floor of the building.

If home is rented, landlord approval documentation is required. ☐ submitted ☐ not applicable

If home uses well water, a DE Office of Drinking Water certificate is required. ☐ submitted ☐ not applicable

Completed Emergency Plan for Large Family Child Care Homes template is required. ☐ submitted

SECTION E – Program Information

Hours of operation

☐ Day: _____ a.m. – _____ p.m.

☐ Night: _____ p.m. – _____ p.m. or a.m. (circle one)

Days of operation

☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Months of operation

☐ January to December

☐ August to June

☐ _____ to _____

SECTION F – Confidential Information

Confidential information is for OCCL use only and will not be released to the public.

For each question, give the information on a separate sheet:

1. List the name(s) of any person present in the large family child care home, LLC member, or corporation director or officer who has had any conviction, adjudication, current indictment, outstanding warrant, or involvement in:
 - Any activity involving violence against a person;
 - Child abuse or neglect;
 - Possession, sale or distribution of illegal drugs;
 - Sexual misconduct;
 - Gross irresponsibility or disregard for the safety of others; or
 - Serious violations of accepted standards of honesty or ethical behavior.
2. List the name(s) of any person present in the large family child care home, LLC member, or corporation director or officer who has:
 - Lost custody of their own child or any child placed in their care;
 - Been diagnosed or under treatment for any serious mental illness; or
 - A current or former addiction to drugs or alcohol.

SECTION G – Certification and Signature

- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate a large family child care home.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I understand fire marshal and electrical inspections are needed at this new address prior to being issued a license.
- The Office of Child Care Licensing will conduct a pre-licensing visit to ensure compliance with *DELCARE: Rules for Large Family Child Care Homes* prior to issuing a license at the new address.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, or revocation of the license or denial of a license application.

Signature of applicant from page 1

Date

Print name and title

STATE OF DELAWARE)
 : SS
COUNTY OF _____)

Signed and attested before me this _____.

Signature of notarial officer

Print name

(seal)